

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED

05 JUN 10 PM 1:46

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Jay Perez for Judge Committee						Registration Number (If PAC)					
Full Name of Candidate Jay Gregg Perez											
Street Address 5 E Long Street, Ste 404						Office Sought Judge			District		
City Columbus						State O H		Zip Code 43215			
Type of Report (place X to the left of report type)	Pre-Primary		X	Post-Primary		Pre-General		Post-General		Annual Year	
	July Monthly			August Monthly		September Monthly		Termination		Semiannual	
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M 1 1		D 0 8	
								Y 0 5			

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	1,053.86
2. Total monetary contributions (From Form No. 31-A)	\$	2,280.00
3. Total other income (From Form No. 31-A-2)	\$	500.00
4. Total funds available (sum of lines 1, 2, 3)	\$	3,833.86
5. Total monetary expenditures (From Form No. 31-B)	\$	3,459.41
6. Balance on hand (line 4 minus line 5)	\$	374.45
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	500.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	3,126.41
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0.00
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Layla Turback, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

6-9-05

Date

Contribution
pages **3**

Expenditure
pages **5**

Other
pages **4**

Total
pages **12**

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Jay Perez for Judge Committee							
Full Name of Contributor Lorant Ipacs						Registration Number, if PAC	
Street Address 34 Lookout Lane			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check	
City Pataskala	State O H	Zip Code 43062	M 0 4	D 1 8	Y 0 5	Amount 100.00	
Full Name of Contributor Clifford Lanthorn						Registration Number, if PAC	
Street Address 646 Covered Bridge Dr.			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check	
City Delaware	State O H	Zip Code 43015	M 0 4	D 2 0	Y 0 5	Amount 100.00	
Full Name of Contributor William Lamkin						Registration Number, if PAC	
Street Address 500 S. Front St, Ste 200			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43215	M 0 4	D 2 0	Y 0 5	Amount 300.00	
Full Name of Contributor Contributions from Form 31-E						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M 0 4	D 2 0	Y 0 5	Amount 750.00	
Full Name of Contributor William Mann						Registration Number, if PAC	
Street Address 580 S. High St, Ste 200			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43215	M 0 4	D 2 2	Y 0 5	Amount 100.00	
Full Name of Contributor Contributions from Form 31-E						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M 0 5	D 1 1	Y 0 5	Amount 930.00	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed.
If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

Page Total \$ 2,280.00

Event Date 04-20-05

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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Jay Perez for Judge Committee					
Full Name of Contributor Paula Brown				Registration Number, if PAC	
Street Address 4634 Kingston Ct.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2005
City Columbus	State O	Zip Code 43220	Form(Cash,Check,etc) check		Amount 250.00
Full Name of Contributor Bruce Dooley				Registration Number, if PAC	
Street Address 252 W. 5th Ave	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2005
City Columbus	State O	Zip Code 43201	Form(Cash,Check,etc) check		Amount 250.00
Full Name of Contributor Jeffrey Mackey				Registration Number, if PAC	
Street Address 1549 Melrose Ave	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2005
City Columbus	State O	Zip Code 43224	Form(Cash,Check,etc) check		Amount 250.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

750.00

Total expenditures this event

348.81

Page Total \$ 750.00

Event Date	05-11-05
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Jay Perez for Judge Committee					
Full Name of Contributor Ghassan Shihab				Registration Number, if PAC	
Street Address 6618 Traquair Place	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1105
City Dublin	State O H	Zip Code 43016	Form(Cash,Check,etc) check		Amount 500.00
Full Name of Contributor Michael Thomas				Registration Number, if PAC	
Street Address 2857 Canterbury Lane	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1105
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) check		Amount 50.00
Full Name of Contributor James Thomas				Registration Number, if PAC	
Street Address 5 E Long St, Ste 1209	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1105
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) check		Amount 30.00
Full Name of Contributor Joseph Mas				Registration Number, if PAC	
Street Address 206 Hiawatha Ave	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1105
City Westerville	State O H	Zip Code 43081	Form(Cash,Check,etc) check		Amount 100.00
Full Name of Contributor G. Timothy Schwenk				Registration Number, if PAC	
Street Address 9009 Rivers End Dr.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1105
City Powell	State O H	Zip Code 43065	Form(Cash,Check,etc) check		Amount 250.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ **930.00**

930.00

648.38

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Jay Perez for Judge Committee							
Full Name Jay Perez				Registration Number, if PAC			
Address 614 Belvidere Ave		Type* L N	M D Y 0 5 0 6 0 5		Amount 500.00		
City Columbus		State O H	Zip Code 43223		Form(Cash,Check,etc) check		
Full Name				Registration Number, if PAC			
Address		Type*	M D Y		Amount		
City		State	Zip Code		Form(Cash,Check,etc)		
Full Name				Registration Number, if PAC			
Address		Type*	M D Y		Amount		
City		State	Zip Code		Form(Cash,Check,etc)		
Full Name				Registration Number, if PAC			
Address		Type*	M D Y		Amount		
City		State	Zip Code		Form(Cash,Check,etc)		
Full Name				Registration Number, if PAC			
Address		Type*	M D Y		Amount		
City		State	Zip Code		Form(Cash,Check,etc)		
Full Name				Registration Number, if PAC			
Address		Type*	M D Y		Amount		
City		State	Zip Code		Form(Cash,Check,etc)		
Full Name				Registration Number, if PAC			
Address		Type*	M D Y		Amount		
City		State	Zip Code		Form(Cash,Check,etc)		
Full Name				Registration Number, if PAC			
Address		Type*	M D Y		Amount		
City		State	Zip Code		Form(Cash,Check,etc)		

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Jay Perez for Judge Committee												
To Whom Paid Jay Perez						M	D	Y	Amount			
						0	4	1	8	0	5	200.00
Address 614 Belvidere Ave			Purpose payment toward 31-N outstanding debt									
City Columbus			State O H		Zip Code 43223		Check Number 1023					
To Whom Paid Jay Perez						M	D	Y	Amount			
						0	4	1	8	0	5	200.00
Address 614 Belvidere Ave			Purpose payment toward 31-N outstanding debt									
City Columbus			State O H		Zip Code 43223		Check Number 1024					
To Whom Paid Expenditures from Form 31-F						M	D	Y	Amount			
						0	4	2	0	0	5	348.81
Address			Purpose									
City			State		Zip Code		Check Number					
To Whom Paid Berwick Manor						M	D	Y	Amount			
						0	4	2	2	0	5	100.00
Address 3250 Refugee Rd			Purpose tickets for Dynamic Leadership Award Ceromony									
City Columbus			State O H		Zip Code 43232		Check Number 1026					
To Whom Paid Jay Perez						M	D	Y	Amount			
						0	4	2	2	0	5	500.00
Address 614 Belvidere Ave			Purpose payment toward 31-N outstanding debt									
City Columbus			State O H		Zip Code 43223		Check Number 1028					
To Whom Paid Buckeye Printing						M	D	Y	Amount			
						0	5	0	6	0	5	750.00
Address 217 N. Grant Ave			Purpose printing									
City Columbus			State O H		Zip Code 43215		Check Number 1030					
To Whom Paid MBNA America						M	D	Y	Amount			
						0	5	2	6	0	5	124.44
Address PO Box 15286			Purpose Staples -1747 Olentany River Rd, Col. OH (printing supp)									
City Wilmington			State D E		Zip Code 19886		Check Number 1032					
To Whom Paid MBNA America						M	D	Y	Amount			
						0	5	2	6	0	5	90.13
Address PO Box 15286			Purpose Staples -1747 Olentany River Rd, Col. OH (organization)									
City Wilmington			State D E		Zip Code 19886		Check Number 1033					

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Jay Perez for Judge Committee									
To Whom Paid MBNA America						M	D	Y	Amount
						0	5	2	370.00
Address PO Box 15286						Purpose USPS, Twin Rivers Dr. (postage)			
City Wilimington						State D E		Zip Code 19886	Check Number 1034
To Whom Paid MBNA America						M	D	Y	Amount
						0	5	2	34.92
Address PO Box 15286						Purpose Register.com (web hosting fee)			
City Wilimington						State D E		Zip Code 19886	Check Number 1035
To Whom Paid MBNA America						M	D	Y	Amount
						0	5	2	34.53
Address PO Box 15286						Purpose Barnes & Nobel - Olentangy River Rd, Col. (camp. Books)			
City Wilimington						State D E		Zip Code 19886	Check Number 1036
To Whom Paid Expenditures from Form 31-F						M	D	Y	Amount
						0	4	2	309.20
Address						Purpose			
City						State		Zip Code	Check Number
To Whom Paid Expenditures from Form 31-F						M	D	Y	Amount
						0	5	1	397.38
Address						Purpose			
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Jay Perez for Judge Committee									
To Whom Paid Due Amici						M 0	D 4	Y 2	Amount 348.81
Address 67 E Gay Street				Purpose food, drinks					
City Columbus				State O	Zip Code H 43215	Check Number 1025			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code	Check Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full								
Jay Perez for Judge Committee								
To Whom Paid					M	D	Y	Amount
MBNA America					0	4	2	309.20
Address		Purpose						
PO Box 15019		glasses						
City	State	Zip Code	Check Number					
Wilmington	D E	19850	1027					
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	Zip Code	Check Number					
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	Zip Code	Check Number					
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	Zip Code	Check Number					
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	Zip Code	Check Number					
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	Zip Code	Check Number					

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Jay Perez for Judge																	
To Whom Owed Jay Perez							Prior Amount 1,731.70			Amt. Incurred this Period 0.00							
Address 614 Belvidere Ave							Item or Purpose for Debt printing sup.			Outstanding Balance 1,031.71							
City Columbus					State O H		Zip Code 43223		Payments Made This Period Date Amount								
Date Debt was originally Incurred					M	D	Y	M	D	Y	\$						
					0	1	0	6	0	5	0	4	1	8	0	5	200.00
Registration Number, if PAC							M	D	Y								
							0	4	2	2	0	5	500.00				
							M	D	Y								
To Whom Owed Jay Perez							Prior Amount 1,752.90			Amt. Incurred this Period 0.00							
Address 614 Belvidere Ave							Item or Purpose for Debt campaign sup.			Outstanding Balance 1,552.90							
City Columbus					State O H		Zip Code 43223		Payments Made This Period Date Amount								
Date Debt was originally Incurred					M	D	Y	M	D	Y	\$						
					0	4	0	6	0	5	0	4	1	8	0	5	200.00
Registration Number, if PAC							M	D	Y								
							M	D	Y								
To Whom Owed Jay Perez							Prior Amount			Amt. Incurred this Period 541.80							
Address 1655 Gables Court							Item or Purpose for Debt campaign sup.			Outstanding Balance 541.80							
City Columbus					State O H		Zip Code 43235		Payments Made This Period Date Amount								
Date Debt was originally Incurred					M	D	Y	M	D	Y	\$						
					0	5	1	2	0	5							
Registration Number, if PAC							M	D	Y								
							M	D	Y								

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 900.00 (also record on Form 31-B)

Total Outstanding Balance \$ 3,126.41 (also record on cover page)

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Jay Perez for Judge Committee									
To Whom Paid MBNA America						M	D	Y	Amount
						0	5	1	1
Address PO Box 15286						Purpose Due Amici; 67 E Gay St, Col. OH - food, drinks			
City Wilmington						State D E		Zip Code 19886	
						Check Number 1031			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
						Check Number			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
						Check Number			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
						Check Number			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
						Check Number			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
						Check Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Jay Perez for Judge Committee												
From Whom Received Jay Perez								Prior Amount		Amt. Incurred this Period 500.00		
Address 1655 Gables Court										Outstanding Balance 500.00		
City Columbus		State OH		Zip Code 43235		Loans Received This Period Date			Amount		Payments This Period Date	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		M	D	Y
		0	5	0	6	0	5		500.00			
Registration Number, if PAC								M	D	Y		
Employer/Occupation/Labor Organization*								M	D	Y		
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State		Zip Code		Loans Received This Period Date			Amount		Payments This Period Date	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		M	D	Y
Registration Number, if PAC								M	D	Y		
Employer/Occupation/Labor Organization*								M	D	Y		
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State		Zip Code		Loans Received This Period Date			Amount		Payments This Period Date	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		M	D	Y
Registration Number, if PAC								M	D	Y		
Employer/Occupation/Labor Organization*								M	D	Y		

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 0.00
- 2 Total received this period \$ 500.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 500.00 (To Form No. 30-A)